

***Federal Fiscal Year 2001
FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT***

Preamble

Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist states in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with states to develop a framework for the Title XXI annual reports.

The framework is designed to:

- ❖ Recognize the *diversity* of State approaches to SCHIP and allow States *flexibility* to highlight key accomplishments and progress of their SCHIP programs, **AND**
- ❖ Provide *consistency* across States in the structure, content, and format of the report, **AND**
- ❖ Build on data *already collected* by CMS quarterly enrollment and expenditure reports, **AND**
- ❖ Enhance *accessibility* of information to stakeholders on the achievements under Title XXI.

Federal Fiscal Year 2001
FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

State/Territory: Maine
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

(Signature of Agency Head)

SCHIP Program Name(s): Cub Care (separate SCHIP Program only)

SCHIP Program Type:

Medicaid SCHIP Expansion Only

 Separate SCHIP Program Only

X Combination of the above

Reporting Period: Federal Fiscal Year 2001 (10/1/2000-9/30/2001)

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Submission Date: January 9, 2002

*(Due to your CMS Regional Contact and Central Office Project Officer by January 1, 2002)
Please cc Cynthia Pernice at NASHP (cpernice@nashp.org)*

SECTION 1. DESCRIPTION OF PROGRAM CHANGES AND PROGRESS

This sections has been designed to allow you to report on your SCHIP program changes and progress during Federal fiscal year 2001 (September 30, 2000 to October 1, 2001).

1.1 Please explain changes your State has made in your SCHIP program since September 30, 2000 in the following areas and explain the reason(s) the changes were implemented.

Note: If no new policies or procedures have been implemented since September 30, 2000, please enter "NC" for no change. If you explored the possibility of changing/implementing a new or different policy or procedure but did not, please explain the reason(s) for that decision as well.

- A. Program eligibility
NC
- B. Enrollment process
NC
- C. Presumptive eligibility
NC
- D. Continuous eligibility
NC
- E. Outreach/marketing campaigns
NC
- F. Eligibility determination process
NC
- G. Eligibility redetermination process
NC
- H. Benefit structure
Added hospice benefit effective March 30, 2001
- I. Cost-sharing policies
NC
- J. Crowd-out policies
NC
- K. Delivery system
NC

- L. Coordination with other programs (especially private insurance and Medicaid)
NC
- M. Screen and enroll process
NC
- N. Application
NC
- O. Other

1.2 Please report how much progress has been made during FFY 2001 in reducing the number of uncovered low-income children.

- A. Please report the changes that have occurred to the number or rate of uninsured, low-income children in your State during FFY 2001. Describe the data source and method used to derive this information.

Maine has conducted two random household surveys (1997 & 2000) to estimate the number of uninsured children in the State. The survey results are summarized below:

FPL Income Level	# Uninsured Children Age 18 & Under 1997	#Uninsured Children Age 18 & Under 2000
<125%	7,600	5,416
125%-185%	11,357	4,674
186%-200%	2,338	687
>200%	6,557	5,910
No Income Data	4,071	1,407
Total	31,923	18,094

Maine is still using the 2000 survey results as the estimated baseline number of uninsured, low-income children eligible for SCHIP.

There was an increase in the unduplicated number of children ever enrolled in SCHIP in FFY 01 compared to FFY 00. There were 27,003 children ever enrolled in FFY 01, an increase of 18.7% over the number enrolled in FFY 00 (22, 742).

- B. How many children have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information.

Data not available

- C. Please present any other evidence of progress toward reducing the number of uninsured, low-income children in your State.

No additional data beyond the increase in the number of children ever enrolled. See 1.2 B above.

- D. Has your State changed its baseline of uncovered, low-income children from the number reported in your March 2000 Evaluation?

____ No, skip to 1.3

 X Yes, what is the new baseline?

As explained above in 1.2 A, Maine has conducted two random household surveys (1997 & 2000) to estimate the number of uncovered, low-income children. In the March 2000 evaluation, Maine reported preliminary results of the 2000 random household survey. In the FFY 00 annual report, Maine was able to report a different, slightly higher baseline number (5,361) based on the final results of the 2000 random survey. Maine is still using the 2000 survey number as the estimated baseline number of children eligible for SCHIP.

What are the data source(s) and methodology used to make this estimate?

See above.

What was the justification for adopting a different methodology?

Maine did not adopt a different methodology. The baseline number reported in the FFY 00 annual report and this annual report are the final results of the random household survey conducted in 2000. Maine reported the preliminary results of the 2000 random household survey in its March 2000 evaluation.

What is the State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)

NA

Had your state not changed its baseline, how much progress would have been made in reducing the number of low-income, uninsured children?

NA

1.3 Complete Table 1.3 to show what progress has been made during FFY 2001 toward achieving your State's strategic objectives and performance goals (as specified in your State Plan).

In Table 1.3, summarize your State's strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

- Column 1: List your State's strategic objectives for your SCHIP program, as specified in your State Plan.
- Column 2: List the performance goals for each strategic objective.
- Column 3: For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator and denominator). Please attach additional narrative if necessary.

Note: If no new data are available or no new studies have been conducted since what was reported in the March 2000 Evaluation, please complete columns 1 and 2 and enter "NC" (for no change) in column 3.

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
Objectives related to Reducing the Number of Uninsured Children		
Increase the number of children in Maine with health insurance by expanding Medicaid and Cub Care, a new health insurance program.	Decrease rate of uninsurance	Data Sources: BMS Enrollment Data Methodology: Progress Summary: The unduplicated number of children ever enrolled in SCHP in FFY 01 was 27,003, an 18.7% increase over FFY 00.
Objectives Related to SCHIP Enrollment		
Increase the number of children in Maine with health insurance by expanding Medicaid eligibility and creating Cub Care, a new health insurance program.	Enroll 3,911 children in Cub Care by 9/30/01	Data Sources: BMS Enrollment Data Methodology: Progress Summary: The total unduplicated number of children ever enrolled in Cub Care in FFY 01 was 10,393.
Objectives Related to Increasing Medicaid Enrollment		

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
Increase the number of children in Maine with health insurance by expanding Medicaid eligibility and creating Cub Care, a new health insurance program.	Increase Medicaid participation by enrolling 6,541 children in the Medicaid expansion component by 9/30/01.	Data Sources: BMS Enrollment Data Methodology: Progress Summary: The total number of children ever enrolled in the Medicaid expansion component in FFY 01 was 16,610.
Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need)		
Provide access to a consistent source of health care that will meet the needs of enrolled children.	Enroll children in health plans; match children with PCPs and increase regular source of health care, decrease ER use.	Data Sources: BMS Methodology: Progress Summary: As of 9/30/01, 8,653 SCHIP children were enrolled in primary care case management (PCCM). All of the children in PCCM have a medical home. The percentage of children with 11+ months of eligibility in FFY 01 who had one or more visits with a PCP ranged from 76%-98% depending on age. See Attachment 1. See Attachments 2 & 3 regarding ER visits and admissions for avoidable hospital conditions for SCHIP children in FFY 01.
Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)		
Improve quality of outcomes for children as measured by key indicators.	Increase early childhood and adolescent immunization rates; increase EPSDT follow-up.	Data Sources: BMS Methodology: Progress Summary: See Attachments 4 - 7 regarding children who turned 2 years of age and received immunizations and well child visits by different age groups in FFY 01.
Other Objectives		
Provide quality health care to enrolled children that meets their needs and expectations.	Enrollee satisfaction; decrease complaints/grievances.	Data Sources: NC Methodology: Progress Summary:

1.4 If any performance goals have not been met, indicate the barriers or constraints to meeting them.

NA

- 1.5 Discuss your State's progress in addressing any specific issues that your state agreed to assess in your State plan that are not included as strategic objectives.**
NA
- 1.6 Discuss future performance measurement activities, including a projection of when additional data are likely to be available.**
The Department of Human Services, Bureau of Medical Services has a contract with the Muskie School of Public Services, University of Southern Maine to survey 3 populations (new enrollees, current enrollees, and disenrollees) regarding the enrollment process and access to and quality of care. Preliminary data will be available in 2002.
- 1.7 Please attach any studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here.**

SECTION 2. AREAS OF SPECIAL INTEREST

This section has been designed to allow you to address topics of current interest to stakeholders, including; states, federal officials, and child advocates.

2.1 Family coverage:

- A. If your State offers family coverage, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other program(s). Include in the narrative information about eligibility, enrollment and redetermination, cost sharing and crowd-out.

NA

- B. How many children and adults were ever enrolled in your SCHIP family coverage program during FFY 2001 (10/1/00 - 9/30/01)?

_____ Number of adults

_____ Number of children

- C. How do you monitor cost-effectiveness of family coverage?

2.2 Employer-sponsored insurance buy-in:

- A. If your State has a buy-in program, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other SCHIP program(s).

NA

- B. How many children and adults were ever enrolled in your SCHIP ESI buy-in program during FFY 2001?

_____ Number of adults

_____ Number of children

2.3 Crowd-out:

- A. How do you define crowd-out in your SCHIP program?

There is a 3 month waiting period for children who drop employer provided coverage unless they meet one of the exceptions allowed by policy. If a child is covered by an employer based plan at the time of application, the child may enroll without having to wait 3 months if:

- The employer plan does not pay at least 50% of the cost of the child's coverage;
- The cost of covering the whole family under the employer's plan is more than 10% of the family income;

- The Department of Human Services determines that good cause exists for dropping the employer based coverage.

B. How do you monitor and measure whether crowd-out is occurring?

Applicants are asked to provide insurance related information as part of the application process. Questions are asked about children in the household who: (1) currently have insurance; (2) lost health insurance; (3) could be added to the State employee health insurance plan.

Eligibility records are matched with third party liability records to cross check to see if enrollees have insurance. A list of SCHIP enrollees identified as having insurance is sent to eligibility workers to review.

Periodically, we survey enrollees to get more detailed health care coverage information.

C. What have been the results of your analyses? Please summarize and attach any available reports or other documentation.

The most recent data is from a survey conducted in 1999 and 2000. Survey results include the following:

- 59% of enrollees did not have health insurance in the 12 months prior to enrolling in SCHIP coverage;
- of those that had health insurance for some period during the 12 months prior to enrolling in SCHIP, 18% had been covered through private insurance and 8% had prior coverage through public programs;
- the primary reason given for discontinuing coverage for the 18% of enrollees with prior private health insurance was the high cost of the coverage.

D. Which anti-crowd-out policies have been most effective in discouraging the substitution of public coverage for private coverage in your SCHIP program? Describe the data source and method used to derive this information.

Data not available.

2.4 Outreach:

A. What activities have you found most effective in reaching low-income, uninsured children? How have you measured effectiveness?

Data not available

- B. Have any of the outreach activities been more successful in reaching certain populations (e.g., minorities, immigrants, and children living in rural areas)? How have you measured effectiveness?

Data not available

- C. Which methods best reached which populations? How have you measured effectiveness?

Data not available

2.5 Retention:

- A. What steps are your State taking to ensure that eligible children stay enrolled in Medicaid and SCHIP?

The Department of Human Services sends a renewal form to participants in the month prior to the last month of the eligibility period. Families are asked to complete and return the form in order to continue coverage. In some Department regional offices, staff calls or sends a reminder notice if a participant has not returned the renewal form.

- B. What special measures are being taken to reenroll children in SCHIP who disenroll, but are still eligible?

☐ Follow-up by caseworkers/outreach workers

☒ Renewal reminder notices to all families

☐ Targeted mailing to selected populations, specify population

☐ Information campaigns

☐ Simplification of re-enrollment process, please describe

☒ Surveys or focus groups with disenrollees to learn more about reasons for disenrollment, please describe.

The Department of Human Services, Bureau of Medical Services has a contract with the Muskie School of Public Service to survey disenrollees to learn more about their reasons for not renewing their coverage. Survey data will be available in 2002.

☐ Other, please explain

- C. Are the same measures being used in Medicaid as well? If not, please describe the differences.

Yes

- D. Which measures have you found to be most effective at ensuring that eligible children stay enrolled?

Data not available.

- E. What do you know about insurance coverage of those who disenroll or do not reenroll in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured?) Describe the data source and method used to derive this information.

Data from a survey of disenrollees being conducted by the Muskie School of Public Service will be available in 2002.

2.6 Coordination between SCHIP and Medicaid:

- A. Do you use common application and redetermination procedures (e.g., the same verification and interview requirements) for Medicaid and SCHIP? Please explain.

Yes

There is one application/renewal form used by individuals who want to apply for medical assistance. The Department of Human Services eligibility workers determine if the applicant is eligible for Medicaid or Cub Care. There are no interview requirements.

- B. Explain how children are transferred between Medicaid and SCHIP when a child's eligibility status changes.

All applications, denials, closings, changes in Medicaid are automatically reviewed for Cub Care and vice versa.

- C. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain.

Yes

There are 2 delivery systems: fee-for-service and primary care case management. Children must enroll in primary care case management unless they meet one of the exception criteria.

2.7 Cost Sharing:

- A. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found?

No

- B. Has your State undertaken any assessment of the effects of cost-sharing on utilization of health service under SCHIP? If so, what have you found?

No

2.8 Assessment and Monitoring of Quality of Care:

- A. What information is currently available on the quality of care received by SCHIP enrollees? Please summarize results.

The Bureau of Medical Services, Quality Improvement (QI) Division monitors the SCHIP members through review of claims and enrollment data. The Division has created a set of reports from claims data that reflects use of services by members for various eligibility groups. See Attachments 1 –7.

- B. What processes are you using to monitor and assess quality of care received by SCHIP enrollees, particularly with respect to well-baby care, well-child care, immunizations, mental health, substance abuse counseling and treatment and dental and vision care?

The Quality Improvement Division monitors the quality of services to all Medicaid and Cub Care members through the quarterly Primary Care Physician Incentive Program (PC-PIP). This program includes a quarterly utilization report to primary care providers (PCP). The utilization report compares provider types to like provider types and compares fee-for-service to primary care case management. The utilization report includes such items as lead testing rates, emergency room visit rates, immunization rates, preventive rates, well child visit rates and chronic disease management rates. This data is obtained through the use of HEDIS like data indicators.

The Quality Improvement Division also reviews and monitors the quality of service through the Bright Future Assessment forms. There are 19 Bright Future Assessment forms. These forms outline recommended treatments and services to be provided to recipients based upon the periodic infant/well child guidelines in the Bright Future Assessment document. At the time of an office visit, a provider would complete the age appropriate form and send a copy of the form to the QI Division. Nurses within the Division then review the forms. If the nurses determine that there is a need for follow-up then the form is forwarded to the Bureau of Health and a Public Health Nurse contacts the member.

- C. What plans does your SCHIP program have for future monitoring/assessment of quality of care received by SCHIP enrollees? When will data be available?
NA

SECTION 3. SUCCESSES AND BARRIERS

This section has been designed to allow you to report on successes in program design, planning, and implementation of your State plan, to identify barriers to program development and implementation, and to describe your approach to overcoming these barriers.

3.1 Please highlight successes and barriers you encountered during FFY 2001 in the following areas. Please report the approaches used to overcome barriers. Be as detailed and specific as possible.

Note: If there is nothing to highlight as a success or barrier, Please enter “NA” for not applicable.

A. Eligibility
NA

B. Outreach
NA

C. Enrollment
NA

D. Retention/disenrollment
As noted above, we are conducting surveys of disenrollees to learn more about their reasons for not reenrolling. In addition, the Department of Human Services, Bureau of Family Independence (the Medicaid and SCHIP eligibility agency) has a Robert Wood Johnson grant to assist the State to look at other available data and how best to use it.

E. Benefit structure
NA

F. Cost-sharing
NA

G. Delivery system
NA

H. Coordination with other programs
NA

I. Crowd-out
NA

J. Other

SECTION 4: PROGRAM FINANCING

This section has been designed to collect program costs and anticipated expenditures.

- 4.1 **Please complete Table 4.1 to provide your budget for FFY 2001, your current fiscal year budget, and FFY 2002-projected budget. Please describe in narrative any details of your planned use of funds.**

Note: Federal Fiscal Year 2001 starts 10/1/00 and ends 9/30/01).

	Federal Fiscal Year 2001 costs	Federal Fiscal Year 2002	Federal Fiscal Year 2003
Benefit Costs			
Insurance payments			
Managed care	NA	NA	NA
per member/per month rate X # of eligibles			
Fee for Service	\$18,131,546	\$20,378,532	\$21,340,281
Total Benefit Costs	\$18,131,546	\$20,378,532	\$21,340,281
(Offsetting beneficiary cost sharing payments)	\$ - 454,432	\$ - 561,045	\$ - 599,084
Net Benefit Costs	\$17,677,114	\$19,817,487	\$20,741,197
Administration Costs			
Personnel			
General administration			
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/marketing costs	\$ - 250,654	\$ 238,994	\$ 253,530
Other	\$ 1,102,788	\$ 1,169,861	\$ 1,241,014
Total Administration Costs	\$ 852,134	\$ 1,408,855	\$ 1,494,544
10% Administrative Cost Ceiling	\$1,964,124	\$2,201,943	\$ 2,304,577
Federal Share (multiplied by enhanced FMAP rate)	\$14,137,752	\$16,261,501	\$16,976,988
State Share	\$ 4,391,496	\$ 4,964,841	\$ 5,258,753
TOTAL PROGRAM COSTS	\$18,529,248	\$21,226,342	\$22,235,741

4.2 Please identify the total State expenditures for family coverage during Federal fiscal year 2001.

NA

4.3 What were the non-Federal sources of funds spent on your SCHIP program during FFY 2001?

- ☒ State appropriations
☐ County/local funds
☐ Employer contributions
☐ Foundation grants
☐ Private donations (such as United Way, sponsorship)
☐ Other (specify)

A. Do you anticipate any changes in the sources of the non-Federal share of plan expenditures.

No

SECTION 5: SCHIP PROGRAM AT-A-GLANCE

This section has been designed to give the reader of your annual report some context and a quick glimpse of your SCHIP program.

5.1 To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. If you do not have a particular policy in-place and would like to comment why, please do. (Please report on initial application process/rules)

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Program Name		Cub Care
Provides presumptive eligibility for children	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, for whom and how long? Pregnant women. Month following month when found presumptively eligible.	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, for whom and how long?
Provides retroactive eligibility	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, for whom and how long? All applicants up to 3 months prior to month of application	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, for whom and how long?
Makes eligibility determination	<input checked="" type="checkbox"/> State Medicaid eligibility staff <input type="checkbox"/> Contractor <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Insurance agents <input type="checkbox"/> MCO staff <input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> State Medicaid eligibility staff <input type="checkbox"/> Contractor <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Insurance agents <input type="checkbox"/> MCO staff <input type="checkbox"/> Other (specify)

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Average length of stay on program	Specify months Data not available	Specify months Data not available
Has joint application for Medicaid and SCHIP	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Has a mail-in application	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Can apply for program over phone	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Can apply for program over internet	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Requires face-to-face interview during initial application	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Requires child to be uninsured for a minimum amount of time prior to enrollment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, specify number of months What exemptions do you provide?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify number of months What exemptions do you provide? 3 months See 2.3 for exemptions
Provides period of continuous coverage <u>regardless of income changes</u>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify number of months Explain circumstances when a child would lose eligibility during the time period 12 months age out or move out of state	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, specify number of months Explain circumstances when a child would lose eligibility during the time period 12 months age out or move out of state
Imposes premiums or enrollment fees	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, how much? Who Can Pay? <input type="checkbox"/> Employer <input type="checkbox"/> Family <input type="checkbox"/> Absent parent <input type="checkbox"/> Private donations/sponsorship <input type="checkbox"/> Other (specify)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, how much? \$5-\$40 per month depending on family size and income Who Can Pay? <input checked="" type="checkbox"/> Employer <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> Absent parent <input checked="" type="checkbox"/> Private donations/sponsorship <input checked="" type="checkbox"/> Other (specify) <u>Any 3rd party</u>
Imposes copayments or coinsurance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Provides preprinted redetermination process	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, we send out form to family with their information precompleted and: <input type="checkbox"/> ask for a signed confirmation that information is still correct <input type="checkbox"/> do not request response unless income or other circumstances have changed	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, we send out form to family with their information and: <input type="checkbox"/> ask for a signed confirmation that information is still correct <input type="checkbox"/> do not request response unless income or other circumstances have changed

5.2 Please explain how the redetermination process differs from the initial application process.

In the month prior to the last month of eligibility, the Department send members a renewal form to complete and return. The Department's eligibility workers process initial applications and renewal forms in the same manner.

SECTION 6: INCOME ELIGIBILITY

This section is designed to capture income eligibility information for your SCHIP program.

- 6.1 As of September 30, 2001, what was the income standard or threshold, as a percentage of the Federal poverty level, for countable income for each group?**
If the threshold varies by the child's age (or date of birth), then report each threshold for each age group separately. Please report the threshold after application of income disregards.

**Title XIX Child Poverty-related Groups or
Section 1931-whichever category is higher**

185% of FPL for children under age 1
133% of FPL for children aged 1-5
125% of FPL for children aged 6-18

Medicaid SCHIP Expansion

150% of FPL for children aged 1-18
____% of FPL for children aged ____
____% of FPL for children aged ____

Separate SCHIP Program

200% of FPL for children aged 0-18
____% of FPL for children aged ____
____% of FPL for children aged ____

- 6.2 As of September 30, 2001, what types and *amounts* of disregards and deductions does each program use to arrive at total countable income?** *Please indicate the amount of disregard or deduction used when determining eligibility for each program. If not applicable, enter "NA".*

Do rules differ for applicants and recipients (or between initial enrollment and redetermination)

____ Yes ☒ No

If yes, please report rules for applicants (initial enrollment).

Table 6.2			
	Title XIX Child Poverty-related Groups	Medicaid SCHIP Expansion	Separate SCHIP Program
Earnings	\$90	\$90	\$NA
Self-employment expenses	\$Vary	\$Vary	\$NA
Alimony payments Received	\$	\$	\$
Paid	\$	\$	\$
Child support payments Received	\$50 per month	\$50 per month	\$50 per month
Paid	\$Total paid	\$Total paid	\$NA
Child care expenses	\$	\$	\$
Medical care expenses	\$NA	\$NA	\$NA
Gifts	\$NA	\$NA	\$NA
Other types of disregards/deductions (specify)	\$	\$	\$

6.3 For each program, do you use an asset test?

Title XIX Poverty-related Groups

X No ___ Yes, specify countable or allowable level of asset test _____

Medicaid SCHIP Expansion program

X No ___ Yes, specify countable or allowable level of asset test _____

Separate SCHIP program

X No ___ Yes, specify countable or allowable level of asset test _____

Other SCHIP program _____

___ No ___ Yes, specify countable or allowable level of asset test _____

6.4 Have any of the eligibility rules changed since September 30, 2001?

___ Yes X No

SECTION 7: FUTURE PROGRAM CHANGES

This section has been designed to allow you to share recent or anticipated changes in your SCHIP program.

7.1 What changes have you made or are planning to make in your SCHIP program during FFY 2002 (10/1/01 through 9/30/02)? Please comment on why the changes are planned.

- A. Family coverage
- B. Employer sponsored insurance buy-in
- C. 1115 waiver
- D. Eligibility including presumptive and continuous eligibility

Implemented 12 months continuous eligibility for children effective October 1, 2001

- E. Outreach

In the legislative session that ended in spring 2001, legislation was passed that changed the name of Medicaid and Cub Care to Maine Care effective July 1, 2002. Notices were sent to all members, providers and community based agencies in November/December 2001. The Bureau of Medical Services is developing a Maine Care awareness campaign that will be conducted between January – June 2002.

- F. Enrollment/redetermination process
- G. Contracting
- H. Other

